



# The Journal

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October 15, 2015

## EFMB: Service Members Earn Badge of Proficiency, Dedication

By **BERNARD S. LITTLE**

WRNMMC

Public Affairs staff writer

*\*Editors Note: This is the first part of a two-part story that will conclude in next week's paper.*

One hundred twenty-four service members began their quest to earn the Expert Field Medical Badge (EFMB) Sept. 27 at Joint Base McGuire-Dix-Lakehurst (JB MDL), N.J.

When the dust settled following a grueling 12-mile road march that EFMB candidates had to finish in less than three hours while wearing 36 pounds of gear, just 21 Soldiers, an Airman and a Sailor had earned the prestigious badge which many say is the most difficult to obtain in the Army.

"All who competed for our coveted [EFMB] are winners because they are much better medics for having done so," said Maj. Gen. (Dr.) Jeffrey B. Clark, director of Walter Reed National Military Medical Command (WRNMMC), which hosted the testing for the badge. "Each and every one of them needs to be very proud and know they tried something very few even step up to attempt. More importantly, know you are much better prepared to save lives on the battlefield, which is one of the greatest challenges and enormous privileges of all who wear the uniform of the United States of America," the general continued.

Clark said the EFMB is a "symbol of excellence," [and] "one which sets those who earn it apart from their peers." First created in 1965, he added more than 100,000 service members have attempted to earn the EFMB, with only about 16 percent of them obtaining it.

"Today, less than 3 percent of Army medicine [personnel] have earned the [EFMB]," Clark added. Joining those ranks are the 23 service members who recently earned the EFMB at JB MDL. "You are 'expert field medics,'" the general said to them.

This was the first time WRNMMC has hosted EFMB training and testing, which made it especially significant since it was during the 50th anniversary year of the badge's creation, Clark explained. Regional Health Command Atlantic (RHC-A), which includes Army



PHOTO BY BERNARD S. LITTLE

**Army Capt. Jangwoo Lee, a microbiologist at the Walter Reed Army Institute of Research (WRAIR), grimaces while directing a litter carry through barbed wire during testing for the Expert Field Medical Badge at Joint Base McGuire-Dix-Lakehurst, N.J. Oct. 7.**

medical treatment facilities throughout the east coast, significantly contributed to the effort, the general said.

The diverse candidate pool of Soldiers, Sailors and Airmen who tested for the badge at JB MDL ranged in rank from privates to colonels, and came from throughout the Military Health System, including several from WRNMMC. They were put through an arduous two-week course including a week of standardization, followed by the written test, land navigation, weapons qualification, warrior skills tasks, medical and casualty evacuation tasks, tactical combat casualty care tasks, communications tasks, and the 12-mile road march.

Army 2nd Lt. Andrea Dorsey, a nurse from WRNMMC, not only earned the EFMB during the recent testing at JB MDL, but she was also the candidate who earned the highest score on the 60-question written test, answering 57 questions correctly. The 60 questions, which must be completed in 90 minutes, covered topics ranging from medical treatment, field sanitation, warrior tasks, battle drills and medical support for captured service members.

"I'm on top of the world right now," said Dorsey after the EFMB was pinned on her uniform. "The EFMB is one of the most coveted badges the Army has to offer, especially for medical personnel.



PHOTO BY BERNARD S. LITTLE

**Candidates for the Expert Field Medical Badge finish up a 12-mile road march in less than three hours carrying 36 pounds of gear to earn the badge during testing at Joint Base McGuire-Dix-Lakehurst, N.J. Oct. 8.**

I really wanted to get it." She added her preparation to earn the badge included a two-month long train-up, consisting of classes and morning ruck marches, with other WRNMMC service members.

Air Force Capt. Richard Pate, also a WRNMMC nurse and aide to Clark, was the first EFMB candidate to cross the finish line in the 12-mile road march, completing the challenge in just under two-and-a-half hours to earn the badge.

"This was a great military experience," Pate said. "It's quite an honor to put that badge on; not many people have earned it. It's a really special thing," he said. "I love seeing the Army, Air Force and Navy come together for what's traditionally an Army badge and succeed," said the Air Force captain.

Navy Lt. Brian Morrison, of the Naval Medical Research Center in Silver Spring, Md., was the lone Sailor to earn the EFMB during the recent testing at JB MDL. A microbiologist, Morrison said he appreciated the preparation and training he accomplished to earn the badge, in addition to achieving his goal alongside members of other services. The Navy lieutenant added he found combat testing lane (CTL) 2 to be the most challenging. "You have to put on protective gear in the correct order, take equipment off in the right order, and it's all very stressful because there are bells and whistles going off and you're under a simulated chemical/biological attack. I found that lane to be the most rigorous."

After completing CTL 3, the litter obstacle course which wound through the woods of JB MDL, Army Capt. Jangwoo Lee knew he was well on his way to accomplishing his goal of earning the EFMB with just the 12-mile road march to complete at JB MDL. A microbiologist from the Walter Reed Army Institute of Research (WRAIR), Lee said as a Medical Service Corps officer, earning the EFMB is an exceptional attainment. "It shows your dedication and proficiency. It's really about being a Soldier."

Lee also praised the camaraderie which developed among the candidates who tested for the EFMB. "We cheered up each other. This was not about competing against one another, but challenging ourselves and learning a lot while doing so," he added.



# Director's Column



By MAJ. GEN. JEFFREY B. CLARK,  
WRNMMC Director

We do three things at Walter Reed Bethesda: Accomplish Our Mission; Take Care of Each Other; Take Care of Our Families. MISSION/PEOPLE — Good leaders do both.

We have One Priority: An Extraordinary Patient Experience for Every Patient, Every Time. Our Patients are at the center. Our People are at the top.

Our People are you and me; each and every one of us: Civilians, Contract Staff, Red Cross Volunteers, Service Members--Enlisted and Officer. Our People are front desk professionals, providers, technicians, house staff (interns, residents, fellows), nurses, logisticians, corpsmen/medics, housekeeping, IT, facilities and nutrition staff. The remarkably diverse list of Our People committed to serving America's Heroes goes on and on.

Our People are at the top of our Icon to remind us that within Our People are the diverse perspectives, experience, knowledge, ideas, energy, focus and commitment to excel in all aspects of our Strategic Plan, especially

our One Priority. Our People are committed to America's Heroes; we must take full advantage of what each one of us brings to our Team.

I recently attended a General Officer professional development session: The criticality of a Culture of Collaboration . This session highlighted teams of individuals of varied positions and diverse perspectives, trusting each other, sharing information, communicating often and openly to excel in a shared commitment.

Communication is essential for collaboration; but, not sufficient. Collaboration is the way individuals function together as One Team with a common focus and priority—thus, a Culture of Collaboration. Each member of Our Team brings critical perspective, knowledge and expertise that, if appreciated and incorporated, will ensure we excel in our two Foundations; four Pillars; and especially our One Priority.

The deck plate is where reality occurs. Examples: Our corpsmen/medics, nurses and interns spend the most time at the patient's bedside and interact the most with family — each is critical to interdisciplinary rounds. Our logisticians, biomed techs, and IT professionals interact directly with their customers playing a critical role in the Extraordinary Patient Experience. Our lab, pharmacy and radiology techs interact directly with Our Patients. Our front desk professionals greet every patient, check them in for their appointment, answer our phones — critical perspectives to ensuring timely, patient friendly access.

During first quarter of FY16, we will establish Interdisciplinary Practice Councils (IPCs) at the deck plate-

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# Bethesda Notebook

**New Fitness Center and Pool Hours**  
The Fitness Center and Pool in Bldg. 17 are operating under the following new hours:

Fitness Center:	
M-F	4:30 a.m. - 10 p.m.
Sat	8:30 a.m. - 7 p.m.
Sun	8 a.m. - 5 p.m.
Pool:	
M-F	5 a.m. - 8 p.m.
Sat	9 a.m. - 5 p.m.
Sun	9 a.m. - 4 p.m.

**Lean Six Sigma Green Belt Course**  
Lean Six Sigma training will be Oct. 19-23. The training is designed to equip participants with the principles and tools necessary to drive improvements based on data using the best industry-standard methodologies. For more information, contact HM3 Paige Gerkin at [paige.m.gerkin.mil@mail.mil](mailto:paige.m.gerkin.mil@mail.mil).

**New NEX Mini Mart Hours**  
In an effort to accommodate customers better and provide premier customer service, the NEX is extending its hours of operation at the Mini Mart one hour past the operating hours of the Main Store. Below are the new operating hours for the Mini Mart:

M-F	6 a.m. - 9 p.m.
Sat	8 a.m. - 9 p.m.
Sun	10 a.m. - 8 p.m.

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# Please, Leave the Deer Alone

By **ANDREW DAMSTEDT**  
NSAB Public Affairs staff writer

Earlier this spring, several reports of an abandoned fawn by the USO Warrior and Family Center at Bethesda were called in to the Naval Support Activity Bethesda (NSAB) environmental programs director's office.

NSAB environmental program director Susan Paul advised those who called in with concern after seeing the fawn all alone outside the USO to just look at it through the window and leave the animal alone. A few days later, the fawn left with its mother.

"In the spring, when the fawns drop [are born], we get a lot of phone calls about abandoned fawns," said Paul. "It's not abandoned. This is normal behavior as a mamma can leave a fawn for up to two days. And in those cases the advice is 'Do not touch the fawn, leave the fawn alone. Mamma will come back and get it.'"

The leave-the-deer-alone policy also applies when people are tempted to feed the deer.

"We've had reports of folks feeding the deer in and around the galley for the

past six to eight months," Paul said. "We've also gotten some pictures of people feeding the deer and letting the deer get close enough to actually lick them and take food out of their hand."

The message she wants to get across is: Leave the deer alone.

"Don't pet them, don't approach them, leave them alone," she said.

That's also the advice from George Timko, an assistant deer project leader with the Maryland Department of Natural Resources. He said there are lots of problems that can occur when people start feeding deer.

Deer can get digestive issues if they eat too much and white tail deer – those found on base – have seasonal foods they need to eat during the summer and winter, Timko said.

"Deer really don't need our help to survive in the wintertime, they get what they need from the environment," Timko said. "Deer need less food in the wintertime."

Other problems can arise between human-deer interaction such as people or the deer getting injured.

"Any time a wild animal gets around people, negative

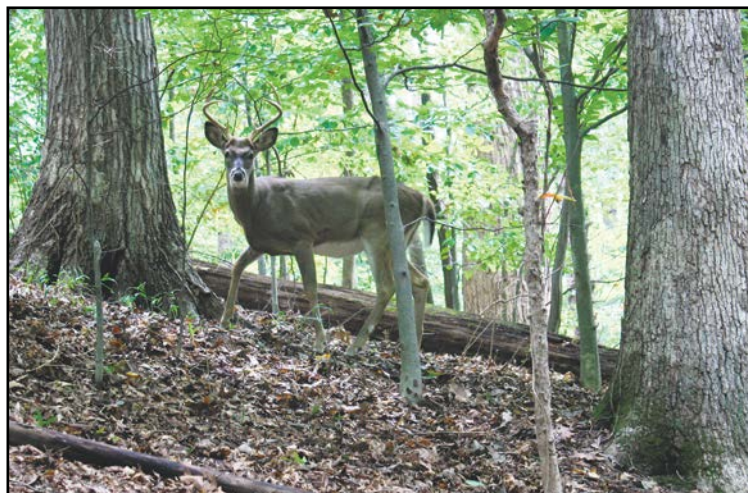


PHOTO BY ANDREW DAMSTEDT

**Naval Support Activity Bethesda has issued a reminder of its policy to not feed the deer on base. Throughout the year, the base receives several reports of people getting too close to the deer and sometimes feeding them.**

interactions can occur," Timko said.

Paul stressed the importance of remembering that deer are wild animals and people should not feed or go near the deer.

"A deer is a wild animal and it can hurt you," Paul said. "The deer itself can push people around, it could rear up and typically when a deer attacks somebody, they rear and [people] get hit with the front hooves."

Deer also can be carriers of disease, which is especially a concern as the deer come closer to Walter Reed Nation-

al Military Medical Center. Deer carry ticks and there are a lot of tick-borne diseases in Maryland. Deer can also get rabies and there's concern of chronic wasting disease.

"Ticks are [very] tiny, and there's potential for them to get off a deer and onto a person...," Paul said. "This is a hospital where there are immunocompromised patients ... so if we were to get a tick-borne illness the potential is that it would be more severe."

One of the things Paul's office is researching is finding

out how many deer are living onboard NSAB so she can offer management strategies to NSAB leadership.

"One of the big things that determine your management strategies is the population on base," she said. "Anecdotally, we can say 'Yeah, we've got a bunch of them because they're everywhere and they eat everything.' But this is going to be the first year that we actually have numbers."

She expects to provide that count, as well as options on how to control the deer population to lessen the potential conflicts between people and deer, to NSAB leadership later this fall.

"Even though they look very friendly and sweet and are taking something out of your hand, you can't predict their behavior and I really, really don't want some kind of incident where somebody is hurt," Paul said. "Once somebody gets hurt, my management options are very limited at that point because now it's about public safety. So we just want people to enjoy the deer from a distance and if they can do that, we can continue to have a nice population that people can watch while they're recovering."

## Is it Really an Allergy?

By Sharon Renee Taylor  
WRNMMC Public Affairs staff writer

It's fall. Leaves are changing colors, mornings are chilly and you're sneezing – a lot. Is it a cold, is it an allergy, or is it something else?

Army Maj. (Dr.) Charles Calais, an Allergy/Immunology Fellow at Walter Reed National Military Medical Center (WRNMMC), answers this question and others about seasonal allergies, and rhinitis, an inflammation of mucus membranes in the nose and throat.

"Rhinitis has two broad categories: allergic rhinitis and non-allergic rhinitis," he explained. "There is a subset of non-allergic rhinitis, called infectious rhinitis, in which the symptoms are caused by upper respiratory infectious pathogens, like a cold from a virus or bacteria. These infectious bugs

activate the same inflammatory mediators as allergens, and they can cause similar symptoms like a runny nose, watery eyes, and congestion."

Recovery time is a key factor in differentiating allergic rhinitis from infectious rhinitis, according to Calais. A cold will eventually resolve itself; however, allergic or non-allergic rhinitis may continue likely due to an irritant or pollen, and that's when a referral is needed to see an allergist, he said.

If you have the same symptoms every year, around the same time for a few years, more than likely that's allergic rhinitis, the physician explained.

An upper respiratory infection, like the common cold or virus, may last 7-14 days. If the symptoms continue beyond this time, it could be due to rhinitis and an allergist should be seen, who may test for allergic rhinitis. An allergist will also determine the type of allergy,

because treatment varies. The first-line of treatment for allergic and non-allergic rhinitis is the same, but the second-line of therapy is different.

"That's why it's important for us to see [the patient]," Calais said.

Why do people at a certain age seem to have more allergies? Can a person "outgrow" an allergy?

A person can outgrow an allergy, especially if they have undergone treatment that uses the body's immune system to help fight cancer, called immunotherapy, the physician explained. The elderly may develop non-allergic rhinitis because the body's natural defense mechanisms weaken with age, like thinner nasal lining and less hair in the nostrils—which all filter out particles.

Why are seasonal allergies so bad at certain times of the year?

Pollination of trees in the spring, grass in the summer,



METROCREATIVE PHOTO/COURTESY PHOTO

and weeds in the fall correspond with the increase of seasonal allergies. No season is worse than the other, according to Calais, who said spring is usually when people sensitive to trees experience symptoms for the first time during the year, and don't have an organized strategy of how to treat the symptoms.

"It's usually the first few weeks of the season [in which] patients experience the most problems," he said. Perennial allergies are in the air year-

round, like molds, pet dander, cockroaches and dust mites.

If a patient is allergic to dust mites, the symptoms will be present year-round no matter where they live because dust mites are everywhere. Humidity makes dust mites very active, especially on summer nights.

For allergy testing, contact your primary care manager for a referral. The WRNMMC Allergy/Immunology/Immunization Clinic can be reached at 301-295-4511.



# Leadership Social Brings Junior, Senior Officers Together

By **MC3 HANK GETTYS**  
NSAB Public Affairs staff writer

The Junior Officers Council (JOC) and Nurses Association at Walter Reed National Military Medical Center (WRNMMC) hosted a Senior Leadership Social at the United Services Organization's Warrior and Family Center at Bethesda onboard Naval Support Activity Bethesda Oct. 7.

"We held this forum to bring together senior leaders in the command and junior officers and anyone that is interested in learning their career path and how they made it there," said Army 1st Lt. Regine Faucher, head nurse for neurology at WRNMMC and the JOC president. "We want to learn what are some of the decisions that they made that were beneficial and what are the things that they wish they didn't do in their career path."

The forum brought together leaders and junior officers and gave them a chance they might not normally have to meet and glean knowledge and ex-

perience from one another.

"Mainly, we want to make sure that everyone gets the opportunity to meet and mingle with the senior officers they see on an everyday basis," said Army Capt. Lawrence Webb, head nurse at the WRNMMC Warrior Clinic and JOC vice president. "Often times, you encounter them and you're able to speak to them, but it's usually about work."

"This is just a relaxed setting in which they can kind of talk and really explore different avenues about their career and get advice that you normally wouldn't get on an everyday workday."

Webb thinks this informal setting is key in the growth of professional relationships and also getting to know each other as people.

"I think it's a great tool and a great

venue for both groups, the senior officers and the junior officers, to get together and really connect on a personal level," he said. "I think that's an important aspect of professional development and personal growth as far as your clinical path and professional careers."

One of the benefits of these events is to gain a mentor, which is important for a service member's career, said Webb.

"I think it's possible for people to be successful in their careers without a mentor, but definitely if we have a good mentor or good mentors it makes the process a lot easier," said Webb. "You get to learn from their mistakes so that you don't make the same mistake, and you get a lot of good insight and advice that they've learned in hindsight that you can use upfront."

"I think that's really key for most of the successful people in the [armed forces], they've had good mentors."

As a senior officer and leader at

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PHOTO BY MC3 HANK GETTYS

**Junior and senior officers from various commands onboard Naval Support Activity Bethesda pose for a photo Oct. 7 during a Senior Leadership Social hosted by Walter Reed National Military Medical Center's Junior Officers Council and Nurses Association.**

## NDW Kicks Off Energy Action Month

By **MC1 PEDRO A. RODRIGUEZ**  
NDW Public Affairs

Naval District Washington (NDW) is celebrating National Energy Action Month this October.

The President has proclaimed October 2015 to be Energy Action Month. For the Navy and Marine Corps Energy Action Month is an opportunity to reinforce how critical energy is to accomplishing its mission, and to encourage Sailors and Marines to look for ways to optimize their energy use to boost warfighting capabilities.

Designed to inform and educate personnel about energy consumption and conservation, the campaign also hopes to encourage energy conservation and responsible usage by bringing awareness to the forefront.

"We, individually, can affect energy security in a massive way by ensuring we make the most of every watt we expend and every gallon of fuel we burn. The recurring threat of government shutdown, hitting the debt ceiling, and sequestration make it clear that our resources are limited, and therefore must be maximized," said Lt. Cmdr. James Shefchik, NDW Energy Program Manager. "While it takes money to purchase energy, energy is an independent resource with limited availability. In addition to the budget limitations, there are absolute limitations that must be valued."

This year's campaign theme is "Power-Presence," which is fundamental

to the Navy and Marine Corps' mission to ensure stability, deter potential adversaries, and present options in times of crisis, and they depend on access to secure and reliable energy.

"Expanding our ability to use alternative forms of energy increases our energy security by reducing dependency on foreign oil," said Shefchik.

across the Region," said Shefchik. "Each of the six NDW installations, including their major special areas, will compete. We will compare the electric usage in the month of November with the expected electric use. The prevailing Installation will win an additional \$70,000 to fund a facilities project of the CO's choosing;

be recognized by NDW Commandant Rear Adm. Yancy Lindsey for their contributions.

In 2009, Secretary of the Navy (SECNAV) Ray Mabus set five energy goals for the Department of the Navy: increase alternative energy use Navy-wide, increase alternative energy ashore, reduce non-tactical petroleum use, sail the "Great Green Fleet," and acquire energy efficiency, according to a 2012 DON Strategy for Renewable Energy report.

Shefchik said "the Navy's mission is to win wars, deter aggression, and to maintain freedom of the seas. Energy is central to all action. Every decision, whether for a command, a program, a project or an individual has energy impact. Realizing the inherent energy decisions allow leaders at all levels to choose more effective use of our limited energy resources."

"As we find ways through everyday action to minimize our energy footprint, we free energy to make positive ripples throughout the Navy," said Shefchik.

As these plans move forward, the NDW/NAVFAC Washington team continues to set the standard for energy efficiency and awareness.

For more news and information from around the region, visit [www.facebook.com/NavDistWash](http://www.facebook.com/NavDistWash) or follow @NavalDistWash on Twitter.

For more news from Naval District Washington, visit [www.navy.mil/local/ndw](http://www.navy.mil/local/ndw)



To promote awareness within the region, NDW will be conducting a series of activities including an Energy Biggest Loser competition between installations. The region and installation PAOs will promote the contest in the month of October and provide tips and periodic updates throughout November.

"The Energy Biggest Loser contest uses the spirit of friendly competition to encourage energy use reduction

second place will gain \$50,000 and third \$30,000."

According to Shefchik, in addition to the Biggest Loser Competition, there will be a poster and video competition open to anyone affiliated with the base, including dependents. Other activities include recognition to the best building energy monitor. These competitions are all done in the spirit of energy action and reducing personal energy footprints; the winners will



# Combined Federal Campaign: Your Opportunity to Make a Positive Difference



COURTESY PHOTO

By NSAB PUBLIC AFFAIRS

Naval Support Activity Bethesda (NSAB) has set a goal to raise \$46,000 during the Combined Federal Campaign (CFC) – the official

workplace charitable campaign of the federal government. “CFC is about making a difference and changing lives,” said NSAB’s CFC Manager, Master-at-Arms 1st Class Maegann Foster. “It is about reaching out and telling someone you care. Don’t forget, we can’t

do this alone. This is all possible through you.” The CFC was started in 1961 by Pres. John F. Kennedy as a way to make giving to charities more organized for federal employees, according to the CFC website. Since then, the campaign has grown to include more than 20,000 nonprofit charities worldwide and has raised more than \$5 billion, its website notes. To make a confidential donation, go to [www.cfnca.org](http://www.cfnca.org) and find any or charities to pledge from those listed. Contributors also donate to the CFC’s designated fund. Federal employees choose to make a payroll deduction, pledge or do so by debit/credit card online. This year’s campaign starts Oct. 1 and continues until Dec. 31. For more information on making a donation, contact Foster at 301-319-2118 or 301-295-4274.

## LEADERSHIP FROM PAGE 4

WRNMMC, Army Col. Michael S. Heimall, chief of staff at WRNMMC, agrees that mentorship plays a large part in a successful military and medical career. “I think that medical professions are so very diverse and it’s such a complex process that we go through that junior officers

often struggle at times to figure out what’s the right career path for them,” said Heimall. “Having those senior mentors who have had a broad diversity of assignments can really, if not guide the officer to where they really want to be, at least show them some examples of things that they can do and still contribute to the overall health care team.” Heimall thinks having a good mentor has helped get him to where he is today.

“I think mentorship has been incredibly important for helping me define the assignments that I want to take, the goals that I wanted to achieve out of each assignment and really how I wanted to chart my career,” said Heimall. “It also helped me to find balance between my personal life and my professional life.”

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DIRECTOR'S COLUMN FROM PAGE 2

-within each of our sections, clinics, services, and wards. This is already happening across much of our Flagship: COL Derek Stocker's Team in Nuclear Medicine is a great example; 5W formally integrating into our Murtha Cancer Center is another; our Emergency Department Interdisciplinary Council, yet another.

I am convinced that IPCs are key to An Extraordinary Patient Experience for Every Patient, Every Time; Key to TeamSTEPPS; Interdisciplinary Rounds; IPASS; CLER; to understanding, learning, and improving with each Patient Safety Report (PSR). Note: Quality is the cornerstone of the Extraordinary Patient Experience.

Interdisciplinary Practice Councils at the deck plate—clinical and non-clinical—within our wards, services, and sections are key to taking full advantage of what each member of our Team brings to the care of Our Patients. A Culture of Collaboration is the key to ensuring an Extraordinary Patient Experience for Every Patient, Every Time—America's Heroes deserve no less.

Please be as proud of who we are, what we do and most importantly, how we do it, as I am to serve alongside you.  
As always, Thank You for all you do and may God Bless.

QUALITY

Quality is the cornerstone of the Extraordinary Patient Experience. WRNMMC will provide safe, highly reliable care within a climate of transparency, open discussion, and aggressive application of lessons learned to improve the care of our next Patient.

Tenets of a High Reliability Organization

- Preoccupation with failure:** any minor lapse is an indication that something may be wrong with the system.
- Reluctance to simplify:** create a complete and nuanced picture; subtle differences matter
- Sensitivity to operations:** front line is where reality occurs; small things matter
- Commitment to resilience:** Not error free: errors do not define but are opportunities to improve
- Deference to expertise:** authority to change is with those with expertise (front line)

Member: Jay Rodriguez  
U.S. Navy Reserve

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2 Grade Schoolers    11 Years of Marriage    8 Road Trips

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